

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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COMPLETED INTERVAL REPORT

Document Number:

400100687

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 47120 4. Contact Name: Cindy Vue
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832
3. Address: P O BOX 173779 Fax: (720) 929-7832
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-31409-00 6. County: WELD
7. Well Name: BALLINGER Well Number: 31-18
8. Location: QtrQtr: SWNW Section: 18 Township: 3N Range: 67W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/03/2010 Date of First Production this formation: 09/22/2010

Perforations Top: 7110 Bottom: 7388 No. Holes: 110 Hole size: 0.42

Provide a brief summary of the formation treatment: _____ Open Hole:

NBRR Perf 7110-7254 Holes 62 Size 0.42 CODL Perf 7380-7388 Holes 48 Size 0.42
Frac NBRR w/ 250 gal 15% HCl & 246,459 gal SW & 201,600# 40/70 sand & 18,327# 20/40 sand & 8,000# SB Excel.
Frac CODL w/ 121,600 gal pHaser & 203,193# 20/40 sand.

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/21/2010 Hours: 24 Bbls oil: 12 Mcf Gas: 71 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 12 Mcf Gas: 71 Bbls H2O: 0 GOR: 5917

Test Method: FLOWING Casing PSI: 1676 Tubing PSI: 867 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1272 API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7347 Tbg setting date: 10/05/2010 Packer Depth: _____

Reason for Non-Production:

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Cindy Vue

Title: Regulatory Analyst II

Date: _____

Email: Cindy.Vue@anadarko.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

Director of COGCC

Date: _____